2000 UNIFORM BUSINESS REPORT (UBR)

DOQUMENT # 196060 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA LAND TITLE CO. 04-24-2000 90041 028 ***150.00 Principal Place of Business Mailing Address 101 E. KENNEDY BLVD. 3401 W. CYPRESS ST. **SUITE 1000** TAMPA FL 33607 U V U V V ~ ~ ~ TAMPA FL 33602-5146 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0785229 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIBBONS, TUCKER, MILLER, WHATL-Street Address (P.O. Box Number is Not Acceptable) -------101 E. KENNEDY BLVD., SUITE 1000 P.O. BOX 1363 **TAMPA FL 33601** Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CD CD-Addition ☐ Delete TITLE TITLE Hickman, Harold E. 3401 W. Cypress St. HICKMAN, ARNOLD E NAME NAME STREET ADDRESS 3401 W. CYPRESS ST. STREET ADDRESS CITY-ST-ZIP Tampa FL 33607 CITY-ST-ZIP TAMPA FL 33607 ☐ Change ☐ Addition ☐ Delete TITLE COFER, JOSEPH B. NAME STREET ADDRESS 540 BOSPHORUS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete _ Change ☐ Addition TITLE TITLE MILLER, E. BRADFORD NAME NAME STREET ADDRESS 101 E. KENNEDY BLVD. STREET ADDRESS CITY-ST-7IP TAMPA FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE Mohler, Eugene A. NAME MOHLER, EUGENE A. NAME 3035 Countryside Blvd, 17-B 3035 COUNTRY SIDE BLVD STREET ADDRESS STREET ADDRESS Clearwater, FL 33519 CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL Addition Change ☐ Delete TITLE REAVES, VIRGINIA NAME 3401 W. Cypress St. Tampa, FL 33607 STREET ADDRESS STREET ADDRESS 2401 ARDSON PLACE 403B. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change Addition ☐ Delete TITLE TITLE Lancaster, Whit 3401 W. Cypress St. Tampa, FL 33607 GIBBONS, SAM NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental export is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

940 SOUTH STERLING

TAMPA FL 33629

SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR